

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number		10/776,505			
		Filing Date		February 12, 2004			
		First Named Inventor		Theodore Rappaport			
		Art Unit		2163			
		Examiner Name		Helene Roberta Rose			
Total Number of Pages in this Submission		21		Attorney Docket Number		WV00015CP1	

ENCLOSURES				(check all that apply)	
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <small>(for an Application)</small> <input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition to Revive <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) 	Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Barbara R. Doutre	Registration No.	39,505
Signature	/Barbara R. Doutre/		
Date	January 17, 2007		

CERTIFICATE OF TRANSMITTAL/MAILING			
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